

CITY OF FITCHBURG

APPLICATION FOR EMPLOYMENT

LABOR SERVICE REGISTRATION NUMBER: _____

POSITION APPLIED FOR: _____

DATE: _____ Full-Time Part-Time Temporary

NAME: _____				
LAST	FIRST	MIDDLE		
ADDRESS: _____				
NO	STREET	CITY	STATE	ZIP
MAILING: _____				
(IF DIFFERENT) NO	STREET	CITY	STATE	ZIP
TELEPHONE: _____				
HOME		CELL/OTHER		

EMPLOYMENT HISTORY (most recent employer first)

EMPLOYER	POSITION	DATES	SALARY	REASON FOR SEPARATION
1.				
2.				
3.				
4.				

LICENSE TYPE (Check one)

Class D Class C Class B Class A None

HOISTING LICENSE

Yes No Type: _____

LIST OTHER PROFESSIONAL LICENSES AND REGISTRATIONS:

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HAVE YOU EVER BEEN EMPLOYED BY THE CITY (If yes when and where):

Position(s): _____

EDUCATION (most recent institution first)

INSTITUTION	LOCATION	YEARS	COURSE OF STUDY	DEGREE DIPLOMA
1.				
2.				
3.				
4.				
5.				

REFERENCES (List five (5) work related references)

NAME & TITLE	COMPANY & ADDRESS	WORK TELEPHONE	HOME TELEPHONE
1.			
2.			
3.			
4.			
5.			

CITIZENSHIP:

Are you legally eligible for employment in the United States? Yes No

VETERANS STATUS:

Are you a Veteran of the United States Military Services? Yes No

I FURTHER UNDERSTAND THAT ANY MISREPRESENTATION OR FALSE
STATEMENT MAY JEOPARDIZE MY APPLICATION FOR EMPLOYMENT OR
MY STATUS AS AN EMPLOYEE, UP TO AND INCLUDING TERMINATION.

Applicant Signature

Date